MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

12038

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cambridge	
City or lown. Cambridge (If ontside city or town limits, write RURAL and give nearest to	City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 46 Years Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
427 Willis St.	Street No. 427 Willis St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
William Thomas Ba	nning _
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. December 11 19 46 M
6.(b) Name of husband or wite. Neva Bernice Colliso	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 70	10-4 19.46 to December 1/19 4/6
7. Birth date of deceased (mo., day, yr.) June 16. 1874	and that I last saw had alive on a last saw had had a last saw had a last saw had a last saw had a last saw had
8. AGE: Years Months Days It less than one day	Immediate cause of death
72 5 25hrs.	Mrema 2da
9. Birthplace. Cambridge, RFD, Maryland (Town, county, and state)	Due to pylo nephritis 3 45
1D. Usual occupation Collector of Rents	
11. Industry or business 11 11 11	Due to
F 12. Name Scott Banning	Other conditions Dealettes Millians
12. Name Scott Banning 13. Birthplace Maryland	
	(Include pregnancy within 3 months of death)
14. Maiden name Jane Langford 15. Birthplace Maryland	Major findings of operations
16. Informant Mr. Fred Banning	Date of op.
	Autopsy results
Address Cambridge, Maryland	22, VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof Dec. 14. (Burial, cremation, or removal, Which?)	year) Accident, suicide, or homicide
Cemetery or crematory Dorchester Memorial Pa	Where did injury occur?
Localion Cambridge, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director LeCompte's Funeral Servi	Means of injury Injured at work?
Address Cambridge, Maryland.	100h. 12012 1 mil
/	23. SIGHATURE (M. D. or other
19. (Sate rec'd by religion) 19 46 John Mace &	Registrar Address 32 RACE ST. CAMPRIDGE, Mode signed 21/3-46

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (70-6) CERTIFICATE OF DEATH

12039

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			7	7	0
Reg.	Dist.	No.	. 4		0

1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	1
county Dorch		•••••••••••••••••••••••••••••••••••••••	State Maryland Cou		
City or town	outside city or town lin	aits, write RURAL and give nearest town)			***************************************
How long in above place	e of death? L1	fe	City or town Cambridge (If outside city or town limits		town)
Rospital, Institution, or	r street address where d	eath occurred:	street No. 118 Vue de	Leau St.	
Camprid	ge mar.ATa	nd Hospital	(If rural, give		
	r Institution?3	Hours	2.(a) If veteran, name war	. *************************************	
3. (a) FULL NAM	E			3. (b) Social Security Num	ber
		James Howard Brad	snaw	-	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Married	2D, DATE OF DEATH December	26, 19 46	9:05Pm
W - 145-140	Lenne	Whitmore	21. I CERTIFY that death occurred on the date abo		-
			19		
			and that I last saw h		19
	yr.) Sept. 2		Impediate cause of death		DURATION
8. AGE: Year		Days If tess than one day	Ceretral Hacmo	whage	1. Olaans.
78	2	29 min.			
9. Birthplace. Ca	mbridge,	Maryland	Due to Consoli James	9 Strall	1 day
1D. Usuat occupation.	Druggist		Due to		
11. Industry or busines			,		
12. Name JO	seph Brad	shaw	Other conditions	***************************************	
13. Birthplace	Maryland		(Include pregnancy within 3 :		
当 14. Malden name.	Isabella Maryland	Eccleston			
5 15 Siribniane	Maryland		Major findings of operations		
None	mar y rand	Desdaham		Date of op	• • • • • • • • • • • • • • • • • • • •
16. Informant Ala.		Bradshaw	PHYSICIAN: Please underline the cause to wi	hich death should be charged statis	tically.
Address Ca	mbridge,	Maryland.	22. VIOLENCE: If death was due to external cau		
Buri	a] n, or removal, Which?)	Date thereof Dec. 28, 1946 (month) (day) (year)	Accident, suicide, or homicide		26/46
		lge Cemetery	Where did injury occur?		24 1
					ate)
LocationCam	bridge, N	laryland.	Injured et home, farm, Industry, public place (w		2
18. Funeral director	LeCompte!	s Funeral Service	Means of Injury Automotor	Ce. Injured at work?	-0
Address Cam	bridge, N	laryland.	23 sicketting to Ohning	2. Def. Med.	Exam.
10 12/	28/1946	John march m	23. SIGNATURE	M. D. or ot	
(Date rec'd by re	egistrar)	Registrar	Address Cambridge -	Date signed Jake	2.7/4.6



CERTIFICATE OF DEATH

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ausan, lamper	
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale (of marriel	20. DATE OF DEATH December 18 1946 2110:00,2
July Campel.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife Added Add Add Add Add Add Add Add Add	November 18 19 86 10 December 18 1976
6, (c) If alive, give age years	0. 6.1.19
7. Birth date of decleased (mo., day, yr.)	
8. AGE: Yeare Months Days If less than one day	Immediate cause of death DURATION
	Choney Thombosh 2 d
(2) hrs,min.	Coronch Disease 2 mo
9. Birthplace Munnie M.	Due to Chr Myoca diti
(Town, county, and state)	
10. Usual occupation	
	Oue to
11. Industry or business	
12. Name Markey (Markey) 13. Birthplace Markey (Markey)	Other conditions Appellaser 18 ma
2 13. Birthplace in reflection County med	
14, Malden name An Rudal	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace	
1.1.1.1.	Date of op.
16. Informant	Antopsy results
Address 1/10 11 May St. Gentreday ha	
Pathas 12-7 1-141	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burini, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Ca. Valad	Where did injury occur?
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lland H. Baynen	Means of Injury Injured at work?
Address 201 Carbridge	23. SIGNATURE Carrolf M A Clais Ms
12/211 46 and man line	M. D. or other
19. (Date rof d by registrar) Registrar	Address Vine PCeda Vos Oate signed 2/20/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1160

					100	
1. PLACE OF Di	Caml	chester oridge	JRAL and give morest town)	Pocomoke Cit	of mother) Worcester County	
How long in above place Hospital, institution, of	ce of death? or street address where stern Shore	death occurred:	Hospital	820 2nd Street Street No. (If outgide city or town lin	nits, write RURAL and give near	rest town)
How long in hospital	or Institution?	·15 yrs	4 ms 13 ds	2.(a) If veteran, name war	./	
3. (a) FULL NAM		Moses I			3. (b) Social Security I	lumber
4. Sex Male	5. Color or race White		married, widowed, or divorced	MEDICAL 20. DATE OF DEATH Decemb	certification ber 6 46	9.15P
6.(b) Name of husban	nd or wife	llie Ni	chols	21. I CERTIFY that death accurred on the date	above stated: fhat I attended decea	sedfrom 46
7. Birth date of deceased (mo., day	Zo ma	ery 22) It alive, give ageyears 1862	and that I last saw halive on		19. 46
8. AGE: Yes 84		Days	It less than one dayhrsmln.	Hapertensive card	man and the second	
9. Birthplace	(Town	, county, and s	Maryland	Due to		
11, tndustry or busin				Due to		15 yrs
12. Name	Dusard		yland	Other conditions	of toes of left	foot
14. Maiden nam 15. Birthplace	ne Elizabe	Mar	yrand	Major findings of operations		
			Records ge, Maryland	Antopsy results	which death should be charged	statistically.
17. Burial, crematic			(month) (day) (year)		Date of	
		100	te Hospital Cemeter	Where did injury occur?(City or tow Injured at home, farm, industry, public place		
Location	Le Comp	te's Fy	land. neral Service	Means of Injury	Injured at work?	- >
Address	Tambrie	190 M.	aryland.	23. SIGNATURE	ш, ы,	or other
19. (Date rec'd by	registrar)	C / got	nouse of the Registrar	Address Cambridge	Md Date signed	12/646

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

(Date rec'd by registrar)

VS A15

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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3Pa)

CERTIFICATE OF DEATH

12042 Reg. Diat. No. ///6 0

1. PLACE OF DEATH: County	State
3. (a) FULL NAME	3.(b) Social Security Number
Amna C. Clash	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Married	20. DATE OF DEATH Dec. 8. 19.46 at
8.(6) Name of husband or wife. Charles. H. Clash	
8. AGE: Years Months Days If less than one day 40 2 4hrsmin.	Immediate cause of death DURATION Grant Andrew Andrew Andrews The Company of the
9. Birthplace Cambridge Md. (Town, county, and state) 10. Usual occupation Housewife 11. findustry or business 12. Name Steven Camper 13. Birthplace Maryland	Due to Hyperland Company Compa
14. Malden name Annie Clash 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Charles Clash Address Pine St. Cambridge, Md.	Autopsy results
Burial (Burial, cremation, or removal Which?) Cametery or crematory Bethel Cemetery Cambridge, Md. 18. Funeral director. Lewis A. Henry Address Cambridge, Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19. (Date ree'd by registrar) 19 46 John Mars Jun Registrar	Address and a Man Date signed Address



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 184

CERTIFICATE OF DEATH

	116
 Die	No.

1. PLACE OF DEATH: County Dorchester Clty or town. Cambridge Clty or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death Annual Hospital, institution, or street address where death occurred: Cambridge—Maryland Hospital How long in hospital or institution? 3. (a) FULL NAME Ernest Elliott	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Cambridge, R.F.D.#2 (If outside city or town limits, write RURAL and give nearest town) Cordtown Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3.(b) Social Security Number
male 5. Color or race 6.(a)Single, married, widowed, or divorced single	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 11 19.46 at 10 A . M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day. yr.) April 29, 1934 8. AGE: Years Months Days If less than one day	and that I tast saw h
12 7 12hrsmin.	Haemorrhage ½ hr.
9. BirthpleceDorchester Co. Md. (Town, county, and state) 10. Usual occupation school 11. tndustry or business school E 12. Name	Due to Gunshot wound in lower chest Due to
14. Malden name Rena Lee 15. Birthplace Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Howard Elliott Address Cambridge, R.F.D.#2 Maryland	Autopsy results
17. Bursal (Burlal, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director Address 19. 12-13-19 16 Date thereof (month) (day) (year) (month) (day) (year) 19. 2-13-19 16 Date thereof (month) (day) (year) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. accident Bate of Decall/46. Where did injury occur? Cambridge, R.F.D.#2-Md. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) at home Mesns of injury Shot gun Injured at work? no 2 Signature M.D. or other Address. Cambridge, Md. Bate signed Dec. 11/6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186)

1	63	(1)	1	18
	14	U	4	4

CERTIFICATE OF DEATH

Reg. Diat. No. 116

How long in above place Hospital, institution, or Cambrid	Cambrid atside city or town lim of death? 2 C street address where de ge-Maryla Institution? 2	lge lits, write Ri lays lays and Ho days Rebeco	S	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Maryland Coun Clity or town Cambridge (If outside city or town limits, Street No. 50 Robbins S (If rural, give I 2.(a) If veteran, name war.	write RURAL and give near St. Ext.	est town)
female	colored		ingle	20. DATE OF DEATH. December		12-15P ···
	Δ) If alive, give ageyears	21. I CERTIFY that death occurred on the date abov	ve stated; that I attended deceas	ed from19
8. AGE: Years 32	Months	Days X	If less than one dayhrsmin.	Immediate cause of death 2 d		
13. Birthplace 14. Malden name 15. Birthplace	Canning x nt Enna. Amelia	ls Mar Travi	yland s Maryland	Due to. third degree by practically the volume to. Other conditions X (Include pregnancy within 8 m	whole body.	
Address	or removal. Which?)		(month) (day) (year)	Antopsy results	ich death shauld be charged st ses, fill in the following; nt	atistically.
Location	Cenil	erte Vole	Barrer gl md hu Mace Jr Megistrar	Injured at home, farm, Industry, public place (who Means of Injury Fire	ere?) at home	Med. Gam.



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12045 Reg. Diat. No. // 30

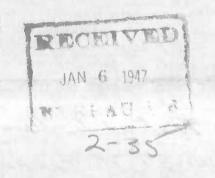
1. PLACE OF DEATH County Porchester.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, wite RURAL and give nearest town)	State Mary County Derek
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town) Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME is. J. Fusher	3.(b) Social Security Number
4. Sas 5. Color Frace 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH DOCUMEN 25 1946 at//: 00 AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that the attended deceased from
7. Birth date of deceased (mo., day, yr.) Play Let 18.70	and that I last aaw h Annalive on Docember 2 5 19 76. Immediate cause of death
8. AGE: Years Months Days If less than one day	1 mmediate cause of death 3 days
a Birthalaca Ma	Due to Highertenning and wasculy
10. Usual occupation Parity of the Learning	10 renal disease []
11. Industry or business,	Dua to.
12. Name Seorge . Tusker 13. Birthplace MA	Dther conditions
	(Inclode pregnancy within 3 months of death) Major findings of operations.
14. Maiden name lelarenda Hurley 15. Birthplace / Md /	major manings of operations
16. Informant The James Fisher	Antopay results
Address Miller West 78 180	22. VIOLENCE: 1f death was due to exteroal causes, fill in the following:
17. (Wurish, cremation, or removal Thieh?) Bate thereof. (month) (day) (year)	Accident, aulcide, or homicide
Cemetery or crematory.	Where did injury occur?
18. Funeral director. 7.13 / Fillougally.	Maena of Injury Injured at work?
Address Hurbok T	23 SIGNATURE Waltonigon MD
19. Dec 28 19.46 Charly Harling Registrar	Address. Date algned 12 28 46

PDEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and ecibly.

MARGIN RESERVED FOR BINDING

9-45-15M

7S A15



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATI

7 mos. 9 ds

6.(a) Single, married, widowed, or divorced

.6.(c) It alive, give age ..

It less than one day

Irving Hamilton Gore

Robbins Dorchester Cy. Maryland (Town, county, and state)

Charles Gore

Hospital Records

Cambridge Maryland

Emma Robbins

Office clerk

Golden Hill, Dorchester Cy. Md.

Robbins, Dorchester Cy Marylan

Single

2411 N. Charles St., Baltimore (29

OF DEATH	Reg. Dist. No. 116
2. USUAL RESIDENCE (HOME (For newborn infants give residence	E) OF DECEASED:
State Maryland	Couply Dorchester
Robbins	
Street No(If rural,	give LOCATION)
2.(a) It veleran, name war	
	3. (b) Social Security Number
	none
MEDICAL	CERTIFICATION
20 DATE DE DEATH DOCE	ember 15 19 46 at 945 A
	te above stated; that I attended deceased from
	1946., 10 December 1.51946
and that I last naw h IM alive on	December 13 1946
Immediair cause of death	DURATION
Chronic Myocarditi	
Degeneration	n
Due to	onal Malancholia
Due to	onal Malancholia
Oue to	onal Malancholia
Due to	onal Malancholia oint tuberculosis
Oue to	onal Malancholia
Oue to	onal Malancholia oint tuberculosis
Other conditions	Onal Malancholia Oint tuberculosis In 8 months of death) Date of op.
Oue to	Onal Malancholia oint tuberculosis in 8 months of death) Date of op. to which death should be charged statistically. al causes, till in the following:
Oue to	Date of op.
Due to	Onal Malancholia oint tuberculosis in 8 months of death) Date of op. to which death should be charged statistically. al causes, till in the following: Date of

rect age ormation carefully death clearly and informati of death ery item of i Supply ever please write t ADING INK. Physicians: pl PLAINLY, is especially

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH:

3. (a) FULL NAME

Male

7. Birth dale of

8. AGE:

6.(b) Name of husband or wite ...

deceased (mo., day, yr.)

10. Usual occupation. 11. Industry or business

12. Name.

14. Maiden na 15. Birthplace

16. informant

Address

13. Birthplace

14. Maiden name

How long in hospital or Institution?.....

Dorchester Cambridge

How long in above place of death? 7 mos. 6ds Hospital, Institution, or street address where death occurred: Esatern Shore State Hespital

5. Color or race

White

Months

June 1889

WRITE SE

Cemetery or crematory Location 18. Funeral director Address (Date rec'd by registrar)

(Buriai, cremation, or remova Which?)

1 hd Date signed 14/5/16

Dorchester Cambridge

7 mos. 6ds

Esatern Shore State Hospital

7 mos. 9 ds

Irving Hamilton Gore

Single White

June 1889

Male

Robbins Dorchester Cy. Maryland

Office clerk

Charles Gore

Golden Hill, Dorchester Cy. Md.

UANA RUBERT Robbins

Robbins, Corchester Cy Marylad Hospital Records

Cambridge, Maryland

Robbins

none

945 A

Dorchester

December 15

May 9

Maryland

December 15 46 97 December 13

> Chronic Myocarditis and myocardial Degeneration

Involutional Malancholia Healed joint tuberculosis

t age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-2

12047

CERTIFICATE OF DEATH

1160 Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dullesler mary and	State Man County Droketer
(If outside city or town limits, write KURAL and give nearest town)	City or town. Chaptury
How long in above place of death?	(1f outside city or town limits, write RURAL and give nearest town)
	Street No. 3.0 % (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
htr. John Co. House	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male hegro married	20. DATE DE DEATH December 8 19 46 24 1240 & M
6.(4) Name of husband or wife Males St. Claus Hayle	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(c) If allve, give age 4 years	19.76 to Dec 8 19.76
7. Birth date of deceased (mo., day, yr.)	and that I last saw h Am alive on December 1976
8. AGE: Years Months Days If less than one day	Immediate cause of death
58 6 losmin.	Charles Comments
9. Birtholace Union Twel, Vaginnie	Bue to Cha Marken detic 10 ma
(Town, county, and state)	Coronda Thombase 18 days
10. Usual occupation Alaung Glass	Due to
11. Industry or business. Wuccy	
12. Name Cashendon Hayls 13. Birtholace Landon Tend Va	Other conditions Sen Hypertensian 12 mus
WI DA THE STATE OF	(Include pregnancy within 3 months of death)
14. Maiden name Clyptellit (Mintenstation)	Major findings of operations
15. Birthplace When Tevel Va	Dale of on
16. Informant Wall St. Pluis Hayls	Autopsy results.
Address Cambridges mol.	PHYSICIAN: Please nuderline the cause to which death should he charged statistically.
12 Buriel New Mer. 11, 19410	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremution, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory willingth land alla	Where did injury occur?
Location Cambridge had	Injured at home, farm, industry, public place (where?)
18. Funeral director N. M. St. Clair + Son	Means of Injury Injured at work?
Address Cambridge md.	B and MARROLLE MARROLLE
5	28 SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address Para Code of Date signed 2 4 4 4

VS A15



CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Charles (If outside city or town limits, write RURAL and give pearest town)	State
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME Charles Rudolph Henry	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH DESCRIPTION 31.00 2
S.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) ALC: OB - 1940	and that I last saw h alive on Decanh 30 18.4.
8. AGE: Years Months Days Il less than one day	Immedigie cause of death Dundties Dunation
9. Birthplace Cambridge md. (Town, county, and atage)	Due 10. ayphilis & Ley
10. Usual occupation	Due 10.
11. Industry or business 12. Name Cicluick mylock 13. Birthplace Amilliable Mod.	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sherley Venry 15. Birthplace Caroltown - Drehedy W.	(Include pregnancy within 3 months of death) Major findings of operations
\$ 15. Birthplace Grating - Wrehely W.	_ Date of op.
16. Informant Sharley Repury:	Autopsy results
17 Could Down Bate thereof Can 1 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereol (month) (day) (yeor)	Accident, suicide, or homicide
Cemetery or crematory Cara Nonwork	Where did injury occur?
Location melale Camberrage	Injured at home, farm, industry, public place (where?)
18. Funeral director Lewis H Banner	Means of injury Injured at work?
Address	23. SIGNATURE Corracy M At Clair Mr
19. (Dato ree'd by registrar) 19 John Mace Jo. Me	M. D. or other

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE

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JAN 4 1947

BUREAU V8

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give recidence of mother)

DURATION

County Dorchester

PLACE OF DEATH:

Dorchester Cambridge





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Now long in above place	e of death?	n 2 Lous (?)	City or town. (If outside city or town limits, write RURAL end give neerest
Hospital, Institution, o	Dember 18	death occurred: Manufactoring Company Massland, avenus	Street No
3. (a) FULL NAM		L. Hubbard	3. (b) Social Security Num
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Married	20, DATE OF DEATH. December 5, 19 46 at
B (b) Name of bushes	d or wifa	mily Aaron	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased
B.(O) Name of nusban	g or wire		and that I last saw h. Define on On assural
7. Birth date of deceased (mo., day,	yr.) Nov.	27,1919	Immediate cause of death
8. AGE: Yea 27		Days If less than one day	Com shot wound of
9. Birthplace	Cambri	dge, Dor. Co.,	Due to the great results
10. Usual occupation	Truck	Driver	Due to
11. Industry or busine		1 Hauling	
12. Name	Dor.Co	.B.Hubbard	Other conditions
and .		urley	(Include pregnancy within 3 months of death) Major findings of operations. Oate of op
	Mrs. Bm	ily A. Hubbard	Autopsy results
16. Informant		g Creek, Md.	PHYSICIAN: Please underline the cause to which death should be charged state
17 Buris	on, or removal. Which?	Oate thereof. Dec. 8, 1946. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery of Crema	Dorc'	hester Memorial Pa ridge, Md.	Where did injury occur?
Location		ath D Mhamor	Means of Injury 38 Col. Rollwood Injured at work? No
18. Funeral director			Eldridge H. Wolf had nederal
19. /2 / F	/ 19 YC	Regist	23. SIGNATURE M. D. or o



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12050

CERTIFICATE OF DEATH

			11	15
og.	Dist.	No.	 16	<i></i>

	7.77
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
City or town.	State Maryland County Warehester
(If outside city or town limits, write RURAL and give nearest town)	City or town Calculuredge
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Combridge Maryland Dospita	Street No. (If jural, give LOCATION)
How long In hospital or institution? 24 there's	2.(a) 11 veteran, name war
3. (a) FULL NAME 2000 70 100 Zuga	3. (b) Social Security Number
6204 / 1000 / NOS	
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Severale Colored married	20. DATE OF DEATH We ceceder 1 19 16 at 4:00 A. M
6.(b) Name of husband or wife Salolal Zuglies	21. I CERTIFY that seath occurred on the date above stated; that I attended deceased from
	1946, to Dec 1946
7. Birth date of deceased (mo., day, yr.) June 30, 1906	end that I last saw h.C.Z. allve on
8. AGE: Years Months Days If less than one day	Immediate cause of death
40 5hrsmln.	Sixotoral Lavar Presumming I WING
9. Sirtholace July See Verchester C5. Maryle	Aus Myreardial Failur 3days
9. Sirthplace (Toyn, connty, and state)	Oue to.
1D. Usual occupation	Due to.
11. Industry or business' Quater Industry	906 10
# 12. Name to ll service	Other conditions
12. Name. 12. Name. Seysale. 13. Birthplace Our clay for Cr.	
14. Maiden name 2 28 22 Purrough	(Include pregnancy within 3 months of death)
15. Birthpiace Dar chester Co.	Major findings of operations.
21 15. Birinpiace	Date of op.
16. Informant	Autopsy results
Address Commendate Hardand	
17 Burial Date thereof 12-4-46	22, VIOLENCE: If death was doe to external causes, fill in the following;
(Burial, eremntion, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Whera did injury occur?
Location Control Little Language	Injured at home, farm, Industry, public place (where!)
18. Funeral director Lerbert St. Claser	Means of Injury Mjured al work?
Address Charles de Deresland	The De the bolling
12 / // 00	23. SIGNATURE M.TV or other
19	Address accounted Mo Date signed 12-2-46



Reg. Diat. No. 116 0

2411 N. Char	eles St., Baltimore 170-0 12051
CERTIFICA	TE OF DEATH Reg. Diat. No. 1160
1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of mother) State
(If outside city or town mits, write RURAL and give nearest town) How long in above place of death?	City or town (IFoutside city or town limits, write RURAL and give nearest town)
How long in hospital or institution? Should be something to the stitution of the stitution	Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME S. Dhilip Julson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	2D. DATE OF DEATH December 7 19 46 21 12:35
6.(b) Name of husband or wife Norma See Pofevell 6.(c) If alive, give age	21. I CERTIEX that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Suly 14-1926	and that I last saw harmalive on 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day 23min	Trusting of apper
9. Birthplace (Town, county, and state)	Due to the last day
10. Usual occupation	Due to
12. Name 12. Name 13. Birthplace blac - Cr.	Dither conditions I actual of 4-local
E 14. Maiden name Marydel Daylar	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace flor. CT.	Date of op.
16. Informant Relplu W. Jackson	Antopsy results
Address	22. VIOLENCE: if death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide Where did injury occur? The term have been also been a
Location Confidence Co	(City or town) (County) , (State)
18. Funeral director. Kereveth L. Shomas	Means of Injury Cult Con Satisfied at work?
Address Could de ha.	23. SIGNATURE M. D. or other
19. (Date rec'd'by registrar)	Address Caus Grilgs, Md. Date signed 12-7-46

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MADVIAND CTATE DEDADTMENT OF HEALTH

1. PLACE OF DEATH! County Alexander	2. USUAL RESIDENCE (HO	ME) OF DECEASED:
(If outside city or lown limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town Carachetts (12 outside city or to	County Co
How long in hospital or institution?	(If r	ural, give LOCATION)
3. (a) FULL NAME		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	4	CAL CERTIFICATION
6, (b) Name of husband or wife	" hterember 110	13. 1. 16
8. AGE: Years Months Days If less than one dayhrs	Chr. Cardior	escular Disse v.
9. Birthplace (Town, county, and state) 10. Usual occupation AMALALA	Due to	
11. Industry or business 12. Name Mankanown 13. Birthplace Makanown	· Dther conditions.	
14. Maiden name Sakes Chester 15. Birthplace Maryland	Major findings of operations	within 3 months of death) Date of op.
16. Informant Dentito and Sousand Address Townson Carenas	Aotopsy results	
Date thereof	22. VIOLENCE: 11 death was due to e Accident, suicide, or homicide Where did injury occur?	Date of
Location Carbolinday		place (where?)
18. Funeral director Lexins + 1 Bargner	Msens of Injury	Injured at work?
18 /2/21/ 19 46 John march mil	23. SIGNATURE CANADA	M. D. or othe



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117-2



2 HIGHAL DESIDENCE (HOME) OF DECEASED.

CERTIFICATE OF DEATH

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Reg. Di	st.	No.	 	11	6

County (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	(For newborn infants give residence of mother) State Manyland County County City or town (If putside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Flenals Married	MEDICAL CERTIFICATION 20. DATE OF DEATH DECEMBER 2 1:30 R. N
6.(b) Name of husband or Wife. (Birth date of deceased (mo., day, yr.) (B. 6. (c) It alive, give age years	A celality 24 19 46 to Accepted 26 19 46
8. AGE: Years Months Days It less than one day Months Bays It less than one day	Immedisio cause of death DURATION Sastric Nemonkary Large
B. Birthplace madison And (Town, county, end state) 10. Usual occupation Jalente	Due to Dastrie West b max.
11. Industry or business 12. Name Skrywala Opher	Diher conditions.
H 14. Maiden name Lemin Stanley	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Lugal Kun	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17: M. C. Cless (Burial, cremation, or removal, Which?) Date thereof. Company (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory Moules cur Location	Where did injury occur?
18. Funeral director Lewis H. Baryman	Masons of Injury Injured at work?
19. 12/18 19-6 Jan Mary & Registrar)	See Gen Fala M. D. or other Address Gen Fala M. Date signed 12/24/46



2411 N. Charles St., Baltimore (159)

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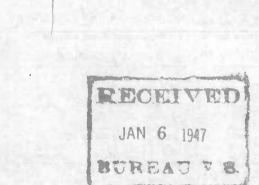
CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County.	(For newborn infants give residence of mother)	
1/2 1 50 8	State County of Crocker	
(If outside city or town limits, write QURAL and give nearest town)	Other or some	
How long in above place of death?	(If outside city of town limits, write EURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
***************************************	(If rural, give LOCATION)	
Now long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
James Terroy Lake	3. (0) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, marpled) widowed, or divorced	MEDICAL CERTIFICATION	
Mayo Moato a solo	D 4007 11/ 11000	
That I have	20. DATE OF DEATH. LECENTED 2 19 70, et 4:300 M	
a (1) Name of historial or mile	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from	
6.(6) Name of husband or wife	12 27 1946 19 12 27 19 46	
7. Birth date of 12-12-12-14.	and that I last saw h. Amalive on 1227 46 19	
deceased (mo., day, yr.)		
8. AGE: Years Months Days If less than one day	Immediate caose of death DURATION	
6, A 0 6 hrs. 15 min.	Fremalisely	
O N N N N N N N N N N N N N N N N N N N		
8. Birthplace (Town county and state)	Due to	
3. Birthplace		
10. Deual occupation.		
	Due to	
11. Indostry or bosiness		
12. Kame Janes Jake Vid.	Other conditions	
\$ 13. Birthplace () Jun Lock VNa.		
# Paris 1000 10	(Include pregnancy within 8 months of death)	
14. Maiden name Laws Smullens 15. Birthplace	Major findings of operations	
= 15. Birthplace Lun lock / Na,	Date of op.	
Janes Saber	Aotopsy results.	
16. Informant	PHYSICIAN: Pfease onderline the cause to which death should be charged statistically.	
Address Survey 12		
17. Date thereof Dec 27 1946	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, eremation, or removal. Whish?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Washingtone:	Where did injury occur? (City or town) (County) (State)	
1 11 0 0 1/2		
Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director James Lake Factor	Means of Injury Injured at work?	
1 de la	1.100	
dores dercoes 7/a	23. SIGNATURE William C. Farrison VWD	
20027- 46 () Green 198/a.	M. D. or other	
(Date rec'd by registrar) Registrar	Turlock / nd Date stened 2 2 7 th	

UNFADING INK. Supply every item of information carefully. ant. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (136)

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State of the last	E
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1. PLACE OF DEATH: Described by an exclusion of the control of the	CERTIFICAT	E OF DEATH Reg. Diat. No.
3. (a) FULL NAME Solic or gage 5. Solic or gage 6. (A) Rame of husband or wife 7. Birth sale or or gage 6. (A) Rame 6. (B) Rame 6. Solic or gage 7. Birth sale or or gage 8. AGE: 7. Birth sale or or gage 7. Birth sale or gage 8. AGE: 7. Birth sale or gage 8. AGE: 7. Birth sale or gage 8. AGE: 7. Birth sale or gage 8. AGE: 8. AGE: 8. AGE: 9. Birth sale or gage 8. AGE: 9. Birth sale or gage 9. B	County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, instillution, or street address where death occurred:	State
4. Set	How long in hospital or institution?	2.(a) It Yeteran, name war
8. (C) Name of husband or wife. So settle R Selection Se	Dara Eugena & Com	ple Jones
Second S	1. Sex 5. Color or case 6. (4) single, married, widowed, or divorced with the widowed	hlen 1 .46 .4 A.
1. Brithplace 12 Name	6 (e) if all ye give age years	Nov. 22 19 46 to Dec 18 19 48
8. AGE: Years Months Bays It less than one day 9. Birthplace	7. Birth date of 27-1854	and that I last saw n
S. Birthplace. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Address 17. Cemelery or evamentiny. 18. Funeral director. 19. Location 19. Funeral director. 19. Location 10. Location 1	o. Aue.	Urema iolay
11. Industry or business 12. Name	9. Birthplace	DIE 10.
Differ conditions 12. Name		Due to Despes gos les grathe marcines & como
14. Malden name	12. Name	
Autopsy results Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manne of injury 19. 12-16-194 Physician: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manne of injury 19. 12-16-194 Physician: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manne of injury 23. SIONATURE 24. SIONATURE Manne of the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at work? 23. SIONATURE Address. Address. Address.	14. Malden name. Dara Flewing	Major findings of operations
Address 17. Date definition or removal. Which?) Cemetery or cromatity Location 18. Funeral director. Address 19. 12-16-19-4 Color of by registrar) Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homtcide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at work? 23. SIONATURE 24. SIONATURE 25. SIONATURE 26. SIONATURE 27. SIONATURE 28. SIONATURE 29. Date signed.	X Co. mad sel reste	Antoney remits
(Burial, cremation, or rerioval. Which?) Cemetery or examplify Location Location Address Address (City or town) (County) (County) (County) (County) (State) Injured at home, farm, industry, public place (where?) Injured at work? 23. SIONATURE (Date rec'd by registrar) (County) (County) (County) (County) (County) (County) (State) Injured at work? Address Address Address Address (City or town) (County) (County) (County) (County) (State) Injured at work?	17 Durus 12-176-46	22. VIOLENCE: If death was due to external causes, fill in the following;
18. Funeral director. Address Cauchricke Ma. 19. 12-16-194 John Manner, for many John Manner Manyanov (Date rec'd by registrar) Means of injury Injured at work? 19. 12-16-194 John Manner Manyanov Registrar Address. /36 Race St. 19. 12-16-194 John Manner Manyanov Registrar Address. /36 Race St. 10. 12-16-194 John Manner Manyanov 10. 12-16-194 John Means of injury Injured at work?	(Burial, cremation, or removal. Which?) (month) (day) (year)	Novidenti deletati di namata
18. Funeral director. Address Cauclricke Md. 19. 12-16- 19 4 John M. D. or other (Date rec'd by registrar) (Date rec'd by registrar) (Date sec'd by registrar) Registrar Registrar Address. /36 Rac. 4	Location Vienna, ma.	
19. 12-16. 19 4 John M. D. or other (Date rec'd by registrar) (Date rec'd by registrar) (Date sec'd by registrar) (Date sec'd by registrar) (Date sec'd by registrar)	Dan Drich Sud.	Mana or many
(Date rec'd by registrar)	12-16. If John mare, for 25	M. D. or other
	19. (Date rec'd by registrar) Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50

CERTIFICATE OF DEATH

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1	Par Dist	No. 116 0
	Keg. Dist.	110

1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or fown. Cambridge City outside city or town limits, write RURAL and give nearest town) How long in above place of death? 53 Years Monaltal Inciliation or street address where death occurred:		State Maryland Cou	Dorchester		
(If	outside city or town lin	nits, write RURAL and give nearest town)	City or fown. Cambridge (if outside city or fown limits, write RURAL and give nearest fown)		
How long in above plac	e of death?	ear.2			
mospital, matriculari o	I STICCT MANICOS MITOLO S	earn occurred:	Street No. 216 West En		
			(If rural, give LOCATION)		
	or Institution?		2.(a) If veteran, name war		
3. (a) FULL NAM	ı.e.	Nettie Hart Meek	ins	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CH	ERTIFICATION	
Female	White	Widowed	20. DATE OF DEATH	er 19, 19 46 at 11:40A	
6.(b) Name of husband	or wife Walte	r H. Meekins	21. I CERTIFY that death occurred on the date abo		
(Died 1	0/11/1946)	S/R/ 19.0		
7. Birth date of deceased (mo., day,	yr.) May 3,	1873	· · · · · · · · · · · · · · · · · · ·	Des 19 Y C	
8. AGE: Year		Days If less than one day	Immediate cause of death. Only		
7:	3 7	16min.	no de Madellage	clase 3days	
To	leagreille	Don Co Manuland	Due to Perment Int	The state of the s	
9. Birthplace	(Town,	Dor. Co., Maryland ounty, and state)	Carcino man		
	*		0/1		
11. Industry or busines			Due to Passaug (Be	Direct Million	
		rt			
12. Name	njamin Ha Maryland	*************************************	Dther conditions		
		- 1	(Include pregnancy within 3 n	nonths of death)	
		e Insley	Major findings of operations		
2 15. Birthplace	Maryland				
		Guy Meekins	Autopsy results		
	mbridge,		PHYSICIAN: Please underline the cause to wh	ich death should he charged statistically.	
			22. VIOLENCE: If death was due to externat cau	ses, fill in the following;	
17 Buri	al n, or removal, Which?)	Date thereof Dec. 21, 1946 (month) (day) (year)	Accident, euicide, or homicide	Date of	
cemetery or crematory Cambridge Cemetery		Where did injury occur?(City or town)	(Connty) (State)		
Location Cam	bridge, M	aryland	Injured at home, farm, industry, public place (wi	nere?)	
		s Funeral Service	Means of Injury	Injured at work?	
Address Ca	mbridge,	Maryland.	23. SIGNATURE James a.	Then has MID	
	, 11	0.0 m . L. 20.		M D or other	
19. (Date rec'd by re	egistrar)	Registrar	Address Christinda . M	Date signed 6220	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH

12058

CERTIFICA	ATE OF DEATH Reg. Diat. No		
1. PLACE OF DEATH: County Cambridge City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 313 Locust St tlow long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)		
Jaura L. Mitchell	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female white widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH		
B.(b) Name of husband or wife Oliver W. Mitchell deceased	Immediate cause of death Disease of Coronary Arteries		
9. Birthplace Maryland (Town, county, and state) 1D. Usual occupation housewife 11. Industry or business	Due to X Several years		
12. Name Kobert Price 13. Birthplace Delaware	Ulner conditions		
14. Malden name Elizabeth Hearn 15. Birthplace Delaware 16. Informant Clarence Mitchell	Major findings of operations. X		
Address 200 Locust St Cambridge, Me 17. Curual (Burfal, cremation, or regional, Which?) Cemetery or crematory Constitution Cambridge Me Location Cambridge Me Metaloge	PHYSICIAN. Place underline the cause to which death should be charged statistically		
18. Funeral director Recuelth Susuran	Means of Injury tnjured at work?		

Address Cambridge.

Address

(Date rec'd by registrar)

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DEC 28 1946

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2411 N. Charles St., Baltimore

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// CERTIFICA	ATE OF DEATH Reg. Diet No. 5.160
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County Clify or town County Clif outside city or town limits, write RURAL and Street Rown) Street No. 5. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME O okher	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Cynale Colored Married	20. DATE OF DEATH. 12/10/46 19 al 5/p
6.(b) Name of husband or wife. 6.(c) If alive, give age	and that I last saw h
8. AGE: Years Months Days If less than one day	Cerebral hemorrhage I day
10. Usual occupation. Level Lale Lale Lale Lale Lale Lale Lale La	Due 10.
12. Name tearse opher 13. Birthplace madien, md.	Other conditions
14. Malden name Laurice water 15. Birthplace Governsulle, md,	Major findings of nperations
16. Informant Jahn W. aphler	Antopsy results
Address Ball store 17. Ball Ball thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, eulcide, or homicide
Cemetery or crematory Malus M. M.	Where did injury occur?
Location	Moone of Injury Injury Injury
18. Funeral director Bayes	P Indian or right?
Address 10 wash 21	23. SIGNATURE. aware Manyour
19. (Date rec'd by registrar) Registr	rar Address 26 Kale A Campage signed 2/11/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death charly and legibly.



PLEASE WRITE

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MADVIAND	CTATE	DEPARTMENT	OF	HEALTI
MAKILAND	SIAIL	DEPARTMENT	Ur	HEALT

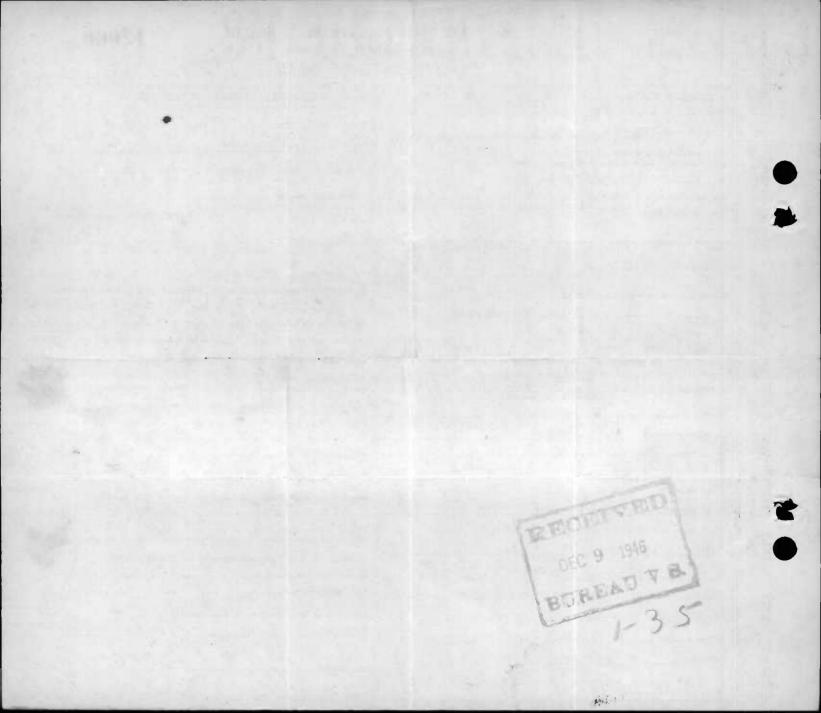
2411 N. Charles St., Baltimore (08)

CERTIFICATE OF DEATH

12060)

Reg. Dist. No.//2.

County Dore hate: City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Cantulage Road How long in hospital or institution?	City or town. (If outside city or town limits, write RURAL and give nearest town) Size No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME Alielie a. Parker	3. (b) Social Security Number 214-18-4575		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced **Mala Colored Marrial**	MEDICAL CERTIFICATION 20. DATE DE DEATH DECEMBER 2 19 46 at 7:40 P.		
6.(b) Name of husband or wife Sarah Elizabeth Parker 6.(c) If alive, give age 30 years 7. Birth date of deceased (mo., day, yr.) March 4, 1912	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 G., to 2007 30 19. 4 G. and that I last saw h		
8. AGE: Years Months Days If less than one day 34 8 29 hrs. min. 9. Birthplace Dougharter County, Mary for d	Lobes. Cuty		
(Town, county, and stafe) 1D. Usual occupation	Due fo		
12. Name. Robert H. Parker. 13. Birthplace Dorchester County, hayfand	Other conditions		
14. Maiden name. Mary C. Canan 15. Birtholace Dorchester County, Karyland 16. Informant Sarah Elizabeth Parker	Major findings of operations. Date of op. Autopsy results.		
Address Vienna, Maryland 17. Durial (Burial, cremation, or removal, Which?) Date thereof December 5 1946 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Themas Waryland 18. Funeral director feels Framptons and Son	Where did injury occur?		
Address Federal Buy Karyland 19. Wilcimber 5:19 46 Elizabeth & Caafe (Date rec'd by registrar) Registrar	23. SIGNATURE DOWN STANKE DATE SIGNED Address And Low Shark Date signed 27 2/2		



MADVIAN	ID CTATE	DEPARTMENT	OF UFAITH
DIAN LLAN	UL OLAIL	DELANTHER	OF HEALTH

2411 N. Charles St., Baltimore (112)

CERTIFICATE OF DEATH

12061 Reg. Diat. No. 1160

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County / Dorchester	(For newborn infants give residence of mother)
City or town Carp bridge	State Mary and county Dorchester
City or town. (If outside city or town limits, Tite RURAL and give nearest town)	(brobridge
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1977 K 2770
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Inder	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Negro Widowed	
remale Negro Widowed	20. DATE OF DEATH DEC 29 19 HG, 21 M
5. (b) Name of husband or wife NINUS Finder	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Mars 146 19 10 Dec 19 4.
	and that Last saw h. A. alive on De 15 18 K 9
7. Birth date of deceased (mo., day, yr.) Dec 29 1874	
8. AGE: Years Months Days If less than one day	Immediaiq cause of death
o. Auc.	(andlan farley 32000)
72 0 /hrsmin.	
8. Birtholace Cambridge Dor Co Md	Ouoto Broughaf asline ?
9. Birthplace (Town, (ounty, and state)	
House PLAF. RP	aya assur accuses
	Due to
11. Industry or business Homie	
12. Name Un Knows	Other conditions
Ė i	
	(Include pregnancy within 8 months of death)
14. Malden name OTI KNOINY	
14. Malden name UTI KY O IN YI	Major findings of aperatious
	Date of op.
16. Informant F118 Finder	Autopsy results
Address Cambridee Md	PHYS1CIAN: Plesse underline the cause to which death should be charged statistically.
Address Carrior Get	22. VIOLENCE: If death was due to external causes, fill in the following:
17 / Durial Date Thereof Jan 2 1947	Accident, sulcide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Waveh Cemetery	Where did Injury occur?
(ambrylog Md.	Injured at home, farm, Industry, pub"c place (where?)
LOCATION CONTRACTOR OF THE CON	
16. Funeral director 1. M. Dollar 9 Don	Means of Injury Injured at work?
1 1 2 4 1 2 11 1	
Address Submiringe Tro	Q23/ SIGNATURE Cames a Chowlesan mo
19 1/2 19 folia mace for me	M. D. or other
19. (Date rec'd by registrar) Registrar	Address / Luchudge Date signed Krang 7

Sombridge

JAN 4 1947
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The correct age

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PLEASE WRITE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-2

CERTIFICATE OF DEATH

- (*)		9			
	T	120	69	7	13.0
	Dan	Dist No	UK	011	0

19.46 at 6:55 P.M

NOITARUG 3 days

City or fown	Dorchester mbridge, Maryland outside city or town limits, write RURAL and give nearest town) e of death? 4 years 9 months 7 days r street address where death occurred: 1 Shore State Hospital or Institution? 4 years 9 months 7 days	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State	y Dorchester write RURAL and give nearest town)
3. (a) FULL NAM	IE .		3. (b) Social Security Number

Registrar Address UNV STULLAN

		, but Subada abid	JIII.C.L.I.O.I.L.JJCALL.J.LD	Z.(a) II veteran, name war	
3. (a) FULL NAM	ME				3. (b) Social Security Number
	Nann	ie B.	Sherman		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Female	White	D	ivorced	20, DATE OF DEATH. December 2	19.46., at .6:
			eyShermanyez	February 24 19	46 December 2
deceased (mo., day	yr.) Octobe	r 6, 1	885	Immediate cause of death	
8. AGE: Yea	rs Months	Days	It less than one day	Broncho-pneumon	
61	1	26	hrs ml		
9. 81rthplace	Dorcheste	r Coun	ty state)	Oue to Hemiplegia	
1D. Usuat occupation		,		Oue to Cerebral Thrombos	is
12. Name			eth	Other conditions Paranoid Con	ditions
13. Birthplace	Dorchest	er Cou	nty	Increasing Cardinac (Include pregnancy within 3)	Decempensation
14. Malden name	Ordella			Major fiedings of operations	
•					
			e Hospital Record	Autopey results	hich death should be charged statistical
17 Pou	ambridge, M	Date there	12-11-194	22. VIOLENCE: If death was due to externat car Accident, suicide, or homicide	
Cemetery or crema	P Re	do.	none	Where did injury occur?	
Location	reids	716	Shower	Injured at home, farm, industry, public place (w	here?)
18. Funeral director.	Jambe	ido	md.		212
Address	11 11	0	7 1 20 10	23 SIGNATURE	M, D, or other

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DEC 3 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

			7 "	10
Reg.	Dist.	No.		16

CERTIFICA	IE OF DEATH Reg. Dist. No. 116		
1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)		
	state Maryland county Dorchester		
City or town	Dame I Marriana Taland		
How long in above place of dealh? 55 Years			
Taylors Island	Street No. Taylors Island		
Now long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME			
Charles E. Slacum	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. Date of Death December 5, 1946 at 8:30Pm		
6.(6) Name of husband or wife Annie Navy Slacum (Died 10/16/1929) 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Sept. 28, 1866.	and that I last saw hardalive on		
8. AGE: Years Months Days If less than one day 80 2 7 hrsmin.	Immediate cause of death DURATION 5 A		
9. Birthplace James Island, Dor. Co., Md. (Town, county, and atate) 10. Usual occupation. Truck Farmer 11. Industry or business	Due to Jeanaly Throkbuses ?		
	- political -		
12. NameNaboth Stacum 13. Birthplace Maryland	Dther conditions		
H 14. Malden name Catherine Barnes	(Include pregnancy within 3 months of death)		
14. Maiden name Catherine Barnes	Major findings of operations		
	- Date of op.		
16. Informant Mrs. Roscoe Willey	Autopsy results		
Address Cambridge, Maryland			
Burial Burial Date thereof Dec. 8, 1946 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Dorchester Memorial Park	Where did injury occur? (City or town) (County) (State)		
Location Cambridge, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director LeCompte's Funeral Service	Meens of Injury Injured at work?		
Address Cambridge, Maryland.	Lance a Thomseson MO		
19. 12) 19. 4 6 John Mare from Registrar	23. SIGNATURE M. D. or other Address M. D. or other Address Date signed Dele 4		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. HARGIN RESERVED FOR BINDING VS A15

DEC 10 1946
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950



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			111
Reg Dist	No		116

.Date signed 3. 194

/ OERTH TOAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboyn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number 218-20-2644
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Ferrile C Wildow 6.(b) Name of husband or wife. 20,	MEDICAL CERTIFICATION 20. DATE DF DEATH. Dearly 13 19 46 at 6 4 M 21. I CERTIFY that death occurred on the date above stated; thal I altended deceased from 19 46 to 19 46 t
12. Name heodost furth 13. Stribpiace Delawye 14. Malden name Derivotta Jourg 15. Birthpiace Hay faura 16. Informant Address 25 Cherona M. Caston, Md.	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, eremation, or removal. Which?) Cemetery or crematory. Location 18. Funeral director. Address 19. (Dute reg'd by registrar) Dale thereof. (month) (day) (year) (month) (day) (year)	Accident, suicide, or homicide



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (250)

12065

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the state of th		
City or lown Cambridge (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:			RURAL and give nearest town) O years	State. Maryland County Dorchester City or iown (If outside city or town ilmits, write RURAL and give nearest town)		
/ Cambr	idge Mary	land	Hospital	Street No. 306 Talbot (If rural, give	LOCATION)	
		days		2.(a) if veteran, name war		
3. (a) FULL NA	ME IDA SHEN	TON S	PEDDEN		3. (b) Social Security N	umber
female	5. Color or race white		e, married, widowed, or divorced rried	MEDICAL CE	ERTIFICATION 3 19.46	at 12:25p
7 Piells date of	***********************************	В.(21. I CERTIFY that death occurred on the date abo	46, to 200.3	0 19.46
	y, yr.) 5-9-19 ars Months 6	Days 24	Il less than one day	Immediate cause of death GELLOW	4	DURATION
10. Usual occupatio	Bookeepe Banking	r	state)	Due to		
12. Name	Md.	enton		Dither conditions Section David		2 days
14. Maiden nam	Md.			Major findings of operations.		
16. Informant	rederick Cambridg			Antopsy results	hich death should be charged st	
17. buri	al on, or removal. Which? Spedd		12-5-46 (month) (day) (year)	Accident, suicide, or homicide	Date of	(State)
	James,			Injured at home, farm, Industry, public place (wh		
18. Funeral director Le Compte Funeral Service Address Cambridge, Md.			ral Service	Means of Injury Clarity Hurry 23. SIGNATURE	Injured at work? Iffund -acting of Medical	O Expression
19. 12/	5/ 19 46	Joh	mac fe. me	A a co.	M. D. or lordeugh nate signed	



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correspecially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Borchester	county Somerset Co. state Maryland
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 6 years and 4 months	City or town. Smith Island (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Eastern Shore State Hospital	Street No.
How long in hospital or institution? 6 years and 4 months	(If raral, give LOCATION) 2.(a) th veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	S. (0) Social Security Number
William L. Stout 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white separated	20. DATE DF DEATHDecember 26, 1946 19 21 9:01 P. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of Appel 3 20 3 45	July 14, 19 39 to December 26 19 46 and that I last saw him allye on December 26 18 46
7. Birth date of deceased (mo., day, yr.) April 20, 1865	and that I last saw hall alive on mechanical control last last
8. AGE: Years Months Days tf less than one day	Fibrillation
81 8 6min.	
	Due to chronic myocarditis and myocardial
9. Birthplace Staunton, Virginia (Town, county, and atate)	degeneration
to. Usual occupationphysician	Due to Senility
11. Industry or business	
12. NameThornton G. Stout	Other conditions Arteriosclerosis Cerebral
	accident (Include pregnancy within 3 months of death)
14. Maiden name Asenith Johnson	
14. Maiden name. Asenith Johnson 15. Birthplace unknown	Major findings ol operations
16. Informant Eastern Shore State Hospital Records	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cambridge, Maryland	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Compley or crepatory Lavell Com Len	Where did injury occur?
to a A - And Il	2 lajured at home, tarm, industry, public place (where?)
Location And Barrier Barrier	Maans of Injury Injured at work?
18. Funeral director	She. 1/2 1/2 0
Address had helk , Md	23. SIGNATURE / WILLIAM WILLIAM WE
12/31 04 al m . le m	Grace M. Branscombe, M B.D. or other
19. 19 Registrar	Address F. S. S. H. Date signed 12-27-46

MARGIN RESERVED FOR BINDING

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JAN 1- 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12067

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CERTIFICATE OF DEATH

					Ace Distriction	
1. PLACE OF DE	ATH: ester		2. USUAL RESIDENCE (For newborn infants			
County Dollars of Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Four Days Hospital, Institution, or street address where death occurred: Cambridge Maryland Hospital How long in hospital or institution? Four Days			State Maryland City or town Cambre (If outside Street No. Parer 2.(a) If veteran, name war	cidge city or town limits, nts-801 (If rural, give	, write RURAL and give Maryland A	nearcst town)
3. (a) FULL NAM		stance Anne Todd		•	3. (b) Social Securi	ty Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	M	EDICAL CE	ERTIFICATION	
Female	White	Single	20, DATE DF DEATH	Decemb	er 2, 19 46	4 30P
	yr.) Nov. 2	9, 1946 Days tf less than one day	21. I CERTIFY that death occur 29 and that I last saw h. E.R Immediate cause of death	alive on	(6 10 17 2 17 2	19.46 19.46
9. Birthplace. Cambridge. Maryland. 10. Usual occupation.			Due to.	OF EXA	Essundy	
11. Industry or busines					<i>a</i>	
	ames M. T Maryland	odd, Jr.	Dther conditions			***************************************
~!		e Sacker	(Include pro		,	
18. Informant	James W	. Todd, Jr.	Autopsy results PHYSICIAN: Please underlie		192000000000000000000000000000000000000	
Address Cambridge, Maryland 17. Burial (Burial, cremation, or removal, Which?) Bate thereof Dec. 3, 1946 (month) (day) (year)			22. VIOLENCE: If death was		/ (N.
Cemetery or cremato	or Dorches	ter Memorial Park	Where did Injury occur?	(City or town)	(County)	(State)
		Maryland	Injured at home, farm, Industr		ere?)	
18. Funeral director LeCompte's Funeral Service. Address Cambridge, Maryland			Masens of Injury	175	Injured at work?	KS

Registrar

19 46 John Mare

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

(Date rec'd by registrar)

DEC 7 1946
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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St.

Baltimore	(932)
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12068

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County BOPCHES CET City or lown Rural-Wingate (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Life	State Maryland County Dorchester City or town Rural-Wingate (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred: Wingate	Street No. Wingate (If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war.			
3. (a) FULL NAME Roseanna Wingate To	3.(b) Social Security Number			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female Married	MEDICAL CERTIFICATION 20. DATE DF DEATH. December 21, 1946, 21, 9: A.N			
6.(b) Name of husband or wife John M. Todd 6.(c) If alive, give age 69 years 7. Birth date of deceased (mo., day, yr.) May 5, 1874	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from 10 /2 / 16 19 19 19 19 19 19 19 19 19 19 19 19 19			
deceased (mo., day, yr.) May 5, 1874 8. AGE: Years Months Days It less than one day 72 7 16	Immediate cause of death DURATION CONTRACTOR OCCUPANTA HOLE			
9. Birthplace	Oue to Areno solestic Read Disease			
11. Industry or business Home	Dther conditions			
12. Name William J. Wingate 13. Birthplace Maryland	(Include pregnancy within 8 months of death)			
14. Maiden name Margaret Parks 15. Birthplace Maryland	Major fisdings of operations.			
16. Informant	Autopsy results			
17 Burial Dec. 23, 1946 (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide			
Cemetery or crematory. Wingate Church Cemetery	Where did injury occur?			
Location Wingate, Maryland	Injured at home, tarm, industry, public place (where?)			
18. Funeral director LeCompte's Funeral Service	Means of Injury Injured at work?			
Address Cambridge, Maryland.	23. SIGNATURE L. Margaan			
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Address 136 Race & Cambridge M. D. or other 13/4			

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

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2411 N. Charles St., Baltimore 836)

12069

CEDTIFICATE OF DEATH

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sophronia Ward	3. (b) Social Security Number
4. Sex (5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH LECEULU 2 2 19. 46, at 3:30 PM
8. (b) Name of husband or wife Break	21. CERTIFY that death occurred on the date above stated: that lattended deceased from 2 19 16 to because 2 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state)	Due fo
12. Hame Oraces 13. Birthplace Craps Naryland 14. Maiden name Olin Aid	Diher conditions
14. Maiden name Olia Airl 15. Birthplace Black Natural 18. Informant Ollia Kladder Address Caraland	Major findings of operations
17(Burial, cremation, or removal, Whichi) Cemetery or crematory Date thereof(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location 18. Funeral director Address 19. (Date rec'd by registrar) Location Registrar	Injured at home, term, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE. M. D. or other '
(Date rec'd by registrar) Registrar	Address Cambrilge Maryland to Figned 12-3-16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

DEC 9 1946
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CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother) State
Frederick J. West.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, markled, widowed, or divorced White Divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 30 19 46 21 8:30 H
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I oftended deceased from
7. Birth date of deceased (mo., day, yr.) May 29-1864	and that I last saw h
8. AGE: Years Months Days It less than one day hrs. min. 9. Birthptace (Town, county, and state) 10. Usuat occupation.	Due to.
11. Industry or business 12. Name	Other conditions Action and Conditions (Include pregnancy within 3 months of death)
14. Malden name darali Johnson 15. Birthplace Perena	Major findings of operations
16. informani Address Address 17. Pricial Date thereol -2 - 47 (Burial, cremation, or removal. Which) (month) (day) (year) Cametery or crematory Date thereol (month) (day) (year) Location Cametri Pricing Pricing 18. Funeral director Pricing Pricing Address Pricing Pricing Pricing (Date rec'd by registrar) Registrar	Actipesy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide. Where did injury occur? (City or town) (State) Injured at home, tarm, industry, public place (where?) Parkline Result Address. Address. Cambridge M. D. or other

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death dearly and legibly.

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PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1835

* 12071

CERTIFICATE OF DEATH

Reg. Diat. No. 116

_/				
1/PLACE OF DEATH: County Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Cal	mhnidae		state Maryland county Dorchester	
(11)	outside city or town i	imits, write RURAL and give nearest town)	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)	
How long to above place	e of death? 34	Tears	(If outside city or town limits, write RURAL and give nearest town)	
		• • • • • • • • • • • • • • • • • • •	Street No. 122 Locust St. (If rdral, give LOCATION)	
How long in hospital or institution?			2.(a) If veteran, name war.	
3. (a) FULL NAM		y Taitt Williams	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	Married	20. DATE DF DEATH December 15 19 46 at 8:10 B	
6.(b) Name of husband or wife. George W. Williams		ge W. Williams	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	
		6.(c) If alive, give age	11/13/46 19 10 12/15/46 19	
7. Birth date of deceased (mo., day,	WAUG. 3	30, 1878	and that I tast saw h. 27 alive on 12/14/4 19.	
8. AGE: Year		Days If less than one day	Immediate cause of death	
68	3	15min.	Cerebral hemorrhage 5 days	
	34		1 10 10 10	
9. BirthplaceV.1.	enna, Doi	county, and state)	Due to. Higher Unsion essential	
10. Usual occupation			Due to	
11. Industry or busine	ss -			
質 12. Name Ha	rry Taitt		Diher conditions	
E	Maryland			
8	Anna Ker	77	(Include pregnancy within 8 months of death)	
14. Malden name. Anna Kerr 15. Strthplace Maryland			Msjur findings at aperations	
≥ 15. Birthplace	Maryland		Date of op.	
16. Informant M	r. George	W. Williams	Antapsy results	
Address Cambridge, Maryland		Menul and	PHYSICIAN: Please anderline the cause to which death should be charged statistically.	
			22. VIOLENCE: tt death was due to external causes, fill in the tollowing;	
17	ial n, or removai. Which?	Date thereof Dec : 17, 1946 (month) (day) (year)	Accident, suicide, or homicide	
		ster Memorial Park	Where did injury occur?	
Location Va	mbridge,	Maryland	tnjured at home, farm, Industry, public place (where?)	
18. Funeral director LeCompte's Funeral Service		e's Funeral Service	Meens of trijury trijured at work?	
Address Cam	bridge, I	Λ Λ	23. SIGNATURE Lawrence Manyanov M. D.	
19. 12/	18/19 16	John Mace to ?		
(Date rec'd by r	egistrar)	Registrar	Address 136 Maco & Campada Date signed 12/17/46	

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1570

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Faleralaburg - Rural (If outside city optown limits, write RURAL and give nearest town)	State Hearland County Donata	0 = 00
(If outside city or fown limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
River Road	(If rural, give LOCATION)	• • • •
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Roy Robert Lee Williams	3. (b) Social Security Number	
	None	
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male Colored Single	20. DATE OF DEATH. 2 2 3 19.46 21 4 A	1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceesed from	
	19 10 19	
7. Birth date of deceased (mo., day, yr.) December 20, 1946	and fhaf I last saw halive on19	-
8. AGE: Years Months Days I less than one day	Immediai- cause al death DURATION	ı
- 3hrsmin.	longuistal Cardiac	
9. Birthotace Dorchester Country Maryland	Bue ta.	
9. Birthplace Double of Town, country Mary fand	Due to.	
1D. Usuat occupation.	Due fo	*****
11. Industry or business		
12. Name Garfield Collins 13. Birthpiace Delaware	Dther conditions	
	(Include pregnancy within 5 months of death)	
14. Maiden name Ella May Villiams		
15. Birthplace Dorchester County, Maryland	Major fiediags of operations	
16. Informant Mrs. Raymond Williams	Aotopsy results.	******
Address Federalsburg Maryland R.F.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
A. T. X. I so will	22. VIOLENCE: If death was due to external causes, filt in the following:	
17. Date thereof Secenter 23 1946 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, sutcide, or homicide	
Cemetery or crematory Federal Hill Cometery	Where did Injury occur?	
Location Federalsburg neryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director A. S. Frampton and Lon	Means of tnjury tnjured at work?	
Address Federalsburg Manylaped	In H. A. D. med E.	
Vaca 2 1 / W. Mellett	23. SIGNATURE M. D. or other	
(Date rec'd by registrar) (Date rec'd by registrar)	Address Cambridge Md. Date signed Lec. 21/4	9.6.

